



HARASSMENT, INTIMIDATION, OR BULLYING (HIB) Incident Report Form

Blaine School District [Policy 3207](#) & [Procedure 3270P](#)

In order to protect a target student from retaliation, a student need not reveal his identity on the Incident Report Form. The form may be filed anonymously, confidentially, or the student may choose to disclose his or her identity (non-confidential).

Date: _____

Name of reporting person: _____
(optional)

Phone Number: _____
(optional)

INCIDENT INFORMATION

Date of Incident: _____

Time of Incident: _____

Targeted Individual(s):

Aggressor(s) being reported:

Please check the boxes that relate to this incident:

Where did the incident happen?

- Classroom
- Hallway
- Restroom
- Playground
- Locker Room
- Lunchroom
- Sports Field
- Parking Lot
- School Bus
- School Activity
- On the way to/from school
- Off school property
- Internet/Social Media
- Cell Phone
- Other: _____

What happened during the incident?

- Taunting, cruelty
- Teasing, name calling
- Intimidation, humiliation
- Retaliation
- Harmful rumors or gossip
- Exclusion, rejection
- Cyberbullying
- Threat using gestures or remarks
- Share inappropriate images/notes
- Harmful physical contact
- Sexual comments or contact

Were there any witnesses?

- No
- Yes

If yes, please give us their name(s):

Were there any witnesses?

- No
- Yes

If yes, please give us their name(s):

Was anybody physically hurt?

- No
- Yes, medical attention NOT required
- Yes, medical attention required

Please explain:

Please describe what happened:

OFFICE USE ONLY

Received Date: _____

Received By: _____

Action Taken:

Closed Date: _____

Resolved

Unresolved